Office of Victim and Survivor Services Board of Parole Hearings-Victim Services Coordinator PO Box 4036 Sacramento, CA 95812-4036



CONFIDENTIAL VICTIM'S DECLARATION

I, de	eclare as follows:
(name)	
I am the victim of the offense committed by	
,	(name of inmate)
(CDCR number ¹)	
Pursuant to the provisions of Penal Code Section parole hearing of the above-named inmate.	on 3043, I am requesting notification of the
Please select either (a) or (b):	
a. I have no relationship with the inmab. My relationship to the inmate is	
(Print or Type Name)	(The below information is used for security purpos and will remain confidential.)
(Address)	(Driver's License Number) (State)
(City/State/Zip Code)	(Social Security Number)
(Primary Phone Number)	(Date of Birth)
(Alternate Phone Number)	(E-mail address)
I declare under penalty of perjury that the above	e information is true and correct.
Executed on, at	.t
(month/day/year)	(city) (state)
(Signature)	

¹ California Department of Corrections and Rehabilitation inmate number, if known.